

# SIP Cover Sheet

<b>California's Child and Family Services Review System Improvement Plan</b>	
<b>County:</b>	Tulare
<b>Responsible County Child Welfare Agency:</b>	Tulare County Health & Human Services Agency
<b>Period of Plan:</b>	July 1, 2004 through June 30, 2005
<b>Period of Outcomes Data:</b>	Quarter ending June 30, 2003
<b>Date Submitted:</b>	
<b>County Contact Person for County System Improvement Plan</b>	
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<b>Submitted by each agency for the children under its care</b>	
<b>Submitted by:</b>	County Child Welfare Agency Director (Lead Agency)
<b>Name:</b>	Ronald W. Probasco, Agency Director
<b>Signature:</b>	
<b>Submitted by:</b>	County Chief Probation Officer
<b>Name:</b>	Janet Honadle, Chief Probation Officer
<b>Signature:</b>	

# **I. SIP Narrative**

## **Introduction –**

This System Improvement Plan (SIP) represents the third part of the C-CFSR. This is the first year of operation, and the schedule is to review and update the SIP annually. The SIP becomes an operational agreement between Tulare County and the California Department of Social Services (CDSS) and describes the program to improve services in Tulare County for child welfare. The SIP also becomes part of a system for reporting and reviewing progress towards improving C-CFSR outcomes and indicators provided quarterly by CDSS.

It is, however, important to stress the additional cost of SIP implementation and the need for reliable funding to cover those costs. Moreover, as changes are implemented and new preventive programs are developed, financial support must also be forthcoming in order to sustain improvements.

The Tulare County Board of Supervisors has reviewed and approved Tulare's SIP for submission to the State.

## **1. Identify Local Planning Body**

### **CWS Administration –**

John M. Davis, HHSA Asst. Agency Director  
Ken Jensen, Psy.D., CWS Deputy Director  
Bob Scott, CWS Staff Services Analyst  
Javier Robles, CWS Trainer  
John Mauro, CWS Unit Manager  
Mary Thomas, Administrative Specialist

### **Probation Administration –**

Janet Honadle – Chief Probation Officer  
David Parbst – Probation Division Manager  
Bobbi Schnell – Supervising Probation Officer

Foster Parents - Juli Beale – Three Rivers

CASA - Marilyn Barr, Executive Director  
Carol Udlock, CASA Volunteer

County Health and  
Mental Health - Cheryl L. Duerksen, Ph.D.,  
Assistant Agency Director,  
Primary Care Branch

County Community  
Services - Michael Travis, Family Care Division Manager  
Bob Schofield, ILP Manager

Van Do-Reynoso, Prevention Services Division  
Manager  
Bud Taylor, AOD Treatment, Prevention Unit  
Manager

Juvenile Court Bench  
Officer - Referee Charlotte Wittig

Local Education  
Agency - Marilyn Rankin, Asst. Superintendent,  
Tulare County Office of Education

Regional Training  
Academy - David Foster, Director, CCTA  
Luz Florez, Training Coordinator  
Rosalyn Estrada, Mentor

Faith-Based - Pastor Larry Dodson, New Life Ministries

Service Provider - Diana Percy – Woodlake Family Resource Center  
Bev Anderson – Synchrony

Private College - Lynne Valek, Chapman University

## **2. Share Findings that Support Qualitative Change**

Qualitative input was planned early in the CWS Redesign effort by establishing a Steering Committee with members from a variety of interests, experience, and viewpoints. Members of the Steering Committee included several formal partners who frequently interface with CWS and share their opinions, suggestions, and concerns. The formal partners include, but are not limited to, the Tulare County Juvenile Court, the Tulare County Probation Department, and Court Appointed Special Advocates (CASA). Input into the Steering Committee meetings was not limited to that of senior staff representatives; many comments from the line staff of these organizations were presented successfully at numerous CWS Redesign Steering Committee meetings and incorporated into our Self-Assessment and SIP.

Tulare County CWS has long gathered qualitative information from the formal partners listed above, as well as CWS line staff, in meetings designed to discuss child welfare problems, solutions, and alternatives. These meetings include the weekly CWS Unit Managers Meeting, the monthly CWS Team Leaders and Unit Managers meetings, and quarterly meetings with managers of Foster Family Agencies. All of this information, experience, and data was carried to the CWS Redesign Steering Committee by the CWS representatives.

A significant effort was put forth to organize a countywide conference on the AB 636 process and collect qualitative input from the community at large. The conference was attended by over 400 participants, including foster children, foster parents, service providers, educators, health

professionals, and interested citizens. The featured speakers were representatives of the California Youth Connection and California Department of Social Services. The conference was divided into nine sessions, on the following topics:

- >Bringing the Community into the Picture
- >How Will Safety and Services for Children Be Provided?
- >Creating Safe and Stable Homes for Children
- >Training the Child Welfare Workforce and Community Partners
- >Redesign
- >Inter-Agency Collaboration and Coordination
- >What Works Best?
- >Accountability
- >Funding

Each discussion group had a talented facilitator and a designated person to record the discussion. Sessions were offered in the morning and the afternoon in an effort to maximize participation, dialogue, and the exchange of ideas. The conference ended with a “report out” of all the qualitative input gathered during the day and the commitment to disseminate the information by placing it on the Agency’s Website. More than seventy pages of information covering client services, family assessment, service delivery, case planning, foster parent support, and many other topics were placed on the Agency’s Website for public viewing and comment.

All of this qualitative information was distributed to the Steering Committee members and reviewed as part of the County Self-Assessment process.

Additional qualitative input was gathered from Steering Committee members by requesting comments on the “near-final” version of the Self-Assessment document. In addition to the named CWS Redesign Steering Committee members receiving advanced copies, the larger of the 47 school districts and main community-based organizations dealing with youth and family issues received an advance copy of the report. Addressees were asked to email, mail, or phone comments to a designated HHSA staff member.

All of the qualitative information gathered was integrated into the SIP in the many Steering Committee meetings. The SIP was largely developed through facilitated workshops in which the Steering Committee was asked to brainstorm options for program improvements, evaluate the effectiveness of the options, and rank the options by their ability to positively impact child services in the first year of the SIP.

The workshop facilitators gathered qualitative input by asking questions such as –

- “How do demographics influence outcomes?”
- “What other relevant data needs to be included?”
- “Drawing from your area of expertise, what can you add to the analysis of the data?”

“How will community partners be prepared to provide services?”  
“What are your ideas for how the community will take on responsibility for the delivery of child welfare services?”  
“What other information needs to be included?”  
“Where are the service gaps in the current system?”  
“What are the strategies for creating a comprehensive response to the prevention of child maltreatment?”

The Steering Committee then broke into subcommittees to review the State’s templates and discuss implementing strategies to improve in the outcome indicators to be addressed in the County’s first SIP. Due to the vast knowledge and representative mix of the committee members, the qualitative information was developed into requisite details, strategies, timeframes, and lists of assigned parties.

The PQCR system has yet to be implemented in Tulare County; however, we expect it to be implemented later this fiscal year. The PQCR system will provide the County the opportunity to better understand how successful the County is in other child-welfare elements.

### **3. Exhibit 1 - Section V, Summary Assessment**

## **II. SIP Plan Components**

1. Exhibit 2 – SIP Template, Systemic Factor: Improve Management Information System
2. Exhibit 3 – SIP Template, Systemic Factor: Improve Service Array
3. Exhibit 4 – SIP Template, Outcome Factor: Reduce the number of foster care placements (3B Fed & 3C entry cohort)
4. Exhibit 5 – SIP Template, Outcome Factor: Improve the frequency of child contacts (timely social worker visits – 2C)
5. Exhibit 6 – SIP Template, Systemic Factor: Receiving home feasibility study

## **TULARE COUNTY SELF-ASSESSMENT EXECUTIVE SUMMARY**

The Child Welfare Services (CWS) Division of Tulare County HHSA and its community partners have forged an 11-month-long process to meet the CWS Redesign requirement of developing a self-assessment document. The process included a public conference attended by almost 400 people, the formation of a Steering Committee, research of existing community resources for children and families as it relates to child welfare, and finally the development of a comprehensive self-assessment of the current child welfare system. The Self-Assessment report preparation led local stakeholders to assess how Tulare County is performing on the following eight (8) outcomes:

- Children are, first and foremost, protected from abuse and neglect.
- Children are maintained safely in their homes whenever possible and appropriate.
- Children have permanency and stability in their living situations without increasing re-entry to foster care.
- The family relationships and connections of the children served by the CWS will be preserved, as appropriate.
- Children receive services adequate to their physical, emotional, and mental health needs.
- Children receive services appropriate to their educational needs.
- Families have enhanced capacity to provide for their children's needs.
- Youth emancipating from foster care are prepared to transition to adulthood.

The County's performance in five of the above outcomes is addressed in this report. Further, the report identifies strengths and areas in need of improvement as related to the outcome measures and CWS system. The actions Tulare County will take to improve specific measures will be more fully addressed in the subsequent State-required report called the System Improvement Plan (SIP) due to the State by September 30, 2004. The SIP will become the County's roadmap for reforming the child welfare services system.

## **II. Summary of County Self-Assessment**

### **Section I. Demographic Profile and Outcomes Data**

#### *Demographic Profile*

*Population:* Tulare County is the 21st largest county in the state with approximately 368,021 people, including 127,785 children under the age of 18.

*Poverty:* According to the California Department of Health Services, 32.1% of Tulare County's population under the age of 18 is living below poverty, giving Tulare County the second highest ranking in California.

*Education System:* Tulare County has 47 public school districts with 88,341 children enrolled in the 2003/2004 academic year.

*Child Welfare Participation Rates:* Of the estimated 127,785 children under age 18 who

lived in Tulare County in 2002.

- 10,902 of these children were referred to CWS;
- 1,861 of children had substantiated referrals; *and*
- 481 of those children with substantiated referrals entered placement.

A significant societal problem impacting child abuse/neglect that was not included in the County Census data, but in need of mentioning is drug use. Drug use has disastrous effects on families. Sources indicate that the problem drug for this area is methamphetamine. In a recent report period, 23 methamphetamine labs and 17 illegal chemical dump sites were found in Tulare County, and 500 people had been arrested for possession of methamphetamine, while another 430 were arrested for possession of methamphetamine for sale. No data was extracted in this report to account for the number of children who were undoubtedly included in the drug raids of labs in Tulare County.

#### A. Outcomes Data

The County Data Report provided by the University of California at Berkeley's Center for Social Service Research (CSSR) serves as the basis of the self-assessment and will be used to track the County's performance over time. The first report was provided to the County in January 2004 and another in April 2004. The analysis of the data is purely subjective at this time. Trend data does not exist to determine if a problem is ongoing, whether systematic changes have altered performance, or whether differences are statistically significant. The analysis and conclusions presented are preliminary. To confirm the analysis and conclusions, there is a need for further data "clean up", training for social workers on proper data entry, and finally cause and effect analysis to determine if systematic changes alter results.

Outcome 1: Children are, first and foremost, protected from abuse and neglect

- *Recurrence of Maltreatment* : Following the return of a child to the home, we find that Tulare County had a lower percentage rate of recurrence after six months. A couple of positive factors may contribute to these findings, including working with families to assure compliance with case plan requirements, and the use of the Family Care Division staff of the County's HHSA to provide follow-up supportive services.
- *Rate of Child Abuse and/or Neglect in Foster Care*: Tulare County did not have any data reported in this outcome measure. However, with the number of occurrences being so low, we anticipate our rate would be close to the State figures and well under one percent.
- *Rate of Abuse and/or Neglect Following Permanency*: Neither the County Data Report nor the CSSR website contain any data on this indicator.

Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

- *Rate of Recurrence of Abuse/Neglect in Homes Where Children Were Not Removed*: The figures presented above do not differ much from statewide performance. A number of socioeconomic factors such as poverty and unemployment, discussed within the body of the document, could potentially contribute to the recurrence of abuse/neglect when children are not removed

from the home. In addition to the socioeconomic issues, the following could positively or negatively impact performance in this outcome:

- Negative Impact:
  - Limited service availability in rural pockets of the County and transportation problems make it difficult for clients to visit service centers.

Judicial timelines requiring the case to be closed if no imminent risk to the child exists at the end of 12 or 18 months of services.

- The absence of a risk assessment at the point of exiting a child from court dependency.
- Positive Impact:
  - Use of prevention services with certain voluntary family maintenance (VFM) cases.
  - Regular contact with families is used as the means of assessing progress with services/treatment, as well as the continuing health and safety of the child, and to plan for eventual reunification.

- *Percent of Child Abuse/Neglect Referrals with a Timely Response:* Review of the data suggests *that* the County has responded to immediate referrals at a rate that is better than the figures posted for the State for the two periods of data cited.

- Conversely, the data for the 10-day response rates are well beneath the State's performance data for this measure. The data, we believe, is not valid and reflects lower figures than actual performance based on internal review. However, the County will review this data *element* further to ensure contacts are being made timely and are recorded in the CWS/CMS system.
- *Timely Social Worker Visits With Child:* The data indicates a need to improve on this measure. The data for the two quarters reflect inconsistent results. The data has not yet been evaluated for subgroup disparity at this time.
- A committee of line and management staff conducted a review of current practice and *processing* issues to establish the validity of the data. The group found a number of factors possibly contributing to the results, including failure to input contacts, staff recording contacts on different notebooks of CWS/CMS, and staff turnover/uncovered caseloads.

Outcome 3: Children have permanency and stability in their living situations without increasing reentry to foster care

- *Length of Time to Exit Foster Care to Reunification:* Performance for this indicator for Tulare County has been consistent, though the figures are below those posted for the Federal and State performance. A number of factors impact the County's performance for this indicator related to court actions, service delays, and working within established timeframes for the CWS components.

Tulare County feels this outcome is extremely important and recently placed a great deal of emphasis on addressing the length of time to exit foster care.



Two actions taken were the formation of a workgroup for concurrent planning processes and the implementation of staffing procedures to address long-term care planning for children during early dependency proceedings.

- *Length of Time to Exit Foster Care to Adoption:* Tulare County's performance on *finalizing* adoption has exceeded State performance because of a team of seasoned veteran Adoption social work staff who stay focused on finalizing adoptions as a successful outcome for many children.
- *Stability of Foster Care Placement:* Historical data is not available in this outcome, limiting further analysis.
- *Multiple Foster Care Placements:* Tulare County exceeds the 1-2 placement threshold established for the first 12 months. Placements are tied to a number of factors that currently impact performance and will continue to do so. These include rural communities with limited placement resources, poverty limiting the ability to make relative placements, federally imposed restrictions on the licensure of foster care and relative placement. In addition, Tulare County does not have a receiving home. The Community Partners have set the development of a Receiving Home high on the list of priorities to improve child welfare.
- *Rate of Foster Care Re-Entry:* Data suggests that the County's performance for this indicator is lower than the Federal standard. Now that baseline data has been provided, we will review this measure over succeeding periods to determine if systemic changes could be made to improve in this measure. Time constraints imposed by code limit the amount of time for services provided to families, possibly impacting performance on this outcome. This lack or delay in the receipt of critical services to children and families may also have an impact on performance for this indicator

Outcome 4: The family relationships and connections of children serviced by CWS will be preserved, as appropriate.

- *Siblings Placed Together in Foster Care:* The County's performance in this outcome is consistent with the State average. The data presents no surprises, considering the previously discussed census data indicating a high percentage of larger families in the population.
- *Foster Care Placement in Least Restrictive Settings:* The lack of appropriate placement options for the County has influenced performance on this indicator. As addressed, stricter criteria for relative placement force the County to utilize foster homes and Foster Family Agencies to meet initial placement needs. Once the relative assessment process has been completed, the primary placement favors a relative's home. Tulare County can improve performance for this measure but may face significant barriers influencing the number of approvable relative placements due to economic factors and record of prior criminal history, preventing placement. Additional improvements can be made by continuing efforts to recruit and retain foster family homes.
- *Rate of ICWA Placement Preferences:* Tulare County has shown improvement for this measure over the period presented. While the Indian population in Tulare County is smaller than for other ethnic minority groups, the County seems to

have had success at placing the majority of Indian children with Indian homes

Outcome 8: Youth emancipating from foster care are prepared to transition to adulthood.

- *Children transitioning to self-sufficient adulthood:* A comparison cannot be made between the County and State with the data provided. Tulare County would like to see more of its youth adequately prepared for adulthood. Many barriers exist that make self-sufficiency difficult, including:
  - High percentage of youth under 18 years of age who are at or below the poverty level.
  - High unemployment rates and low availability of good jobs
  - Low high school graduation rates

Because of these factors, Tulare County youth often do not see the benefit of graduating from high school and pursuing a higher education.

To sustain and improve performance, Tulare County's ILP Team will look to expand the service mix and opportunities to better prepare youth for adulthood. One change considered is to provide services to youth at an earlier age (14 years). By providing services to youth at the start of their high school years, the ILP team may have more success in assisting youth graduate from high school and prepare for their future.

**(a)**

## **Section II. Public Agency Characteristics**

This section describes the characteristics of Tulare County's Child Welfare Services (CWS) Department.

Identified strengths include:

- A "superagency" structure (HHSA) that allows many County resources to support the child welfare staff, functions, and goals. Child Welfare Services is organized as part of a Tulare County Health and Human Services Agency (HHSA). The HHSA combines the County welfare department with public health, aging services, mental health, and prevention services. HHSA offers support services, including information technology and management, human resources, fiscal, marketing, program development, and prevention services. Over the past few years, a closer working relationship has developed with the prevention services activity of Family Care in order to provide a better array of services to families and to improve outcomes
- A CWS division within HHSA that uses a "team concept" in each of the five Unit offices. The Division adopted a team approach in 1998. CWS teams are comprised of a team Leader (supervisory level class), four social workers, and a case aide. The Unit's support team is made up of three office assistants, one registered nurse, one public health nurse, one CWS clinical social worker, one unit investigator, and another aide that is used as a float within the Unit.

The benefits of the team approach are:

- Better sharing of best practice
- Complete support and backup for children
- Frequent staffings
- On-site and direct supervision of social workers by Team Leaders

- Assignment of nurses in each Unit office to help children
- Establishment of Licensed Clinical Social workers in each office
- A county-based (instead of state) foster home licensing program;
- A state-recognized County Adoptions program recognized by the State for aggressive and effective recruitment activities and placement success;
- Extensive collaboration with other departments involved in safeguarding children and service providers in Tulare County, including the Juvenile Court, law enforcement, and community-based organizations.

Identified areas of need include:

- Enhancing communication between County departments and community-based organizations;
- Developing more placement resources for children with special needs.

**(b)**

### **Section III. Systemic Factors**

Systemic factors determine how CWS operates and provides services to achieve positive outcomes.

#### **(i) Relevant Management Information Systems**

This systemic factor assesses the extent that the County uses the CWS/CMS application.

Identified strengths include:

- CWS/CMS application is available at each social worker's workstation; *and*
- Frequent training is provided to social workers on how to effectively use the application for case management.

Identified areas of need include:

- Improving Data entry and accuracy

Two challenges exist in CWS/CMS: the overwhelming complexity of the system, particularly for system navigation by new workers; and the inaccuracy of the foster care home availability data for matching children on a daily/nightly basis.

#### **(ii) Case Review System**

This systemic factor assesses the County's ability to involve children and families in the case planning process and judicial proceedings.

Identified strengths include:

- Team Leaders and Unit Managers use a standard questionnaire process called "case review worksheet;"

- Policies and procedures are established to discuss the case plan with the child and family.

Identified areas of need include:

- Improved child contacts;
- Encouragement of family and child input into the development of the case plan; and
- Expanding the review system to include the Probation Department.

### **(iii)Foster/Adoptive Parent Licensing, Recruitment, and Retention**

This systemic factor assesses the County's performance in licensing, recruiting, and retaining foster or adoptive homes.

Identified strengths include:

- A Memorandum of Understanding with the California Department of Social Services (CDSS) for the County to recruit and license foster homes;
- A formal process to conduct assessments of relative and non-relative foster homes
- Operation of an alternative, short-term placement, called contract beds, that also offer wrap-around services as necessary to support the placement and deal successfully with a child's serious behavioral problem.
- A specialized unit to recruit adoptive parents and find homes for hard-to-place children and their siblings.

Identified areas of need include:

- Recruiting more foster and adoptive homes, especially for children with special needs (developmental delays or medical needs; older children with behavioral difficulties; and large sibling groups).

### **(iv)Service Array**

This systemic factor assesses the array of accessible services that the County has in place to: assess children and families; address the needs of children and families; prevent entry into the child welfare system; and promote permanency.

Identified strengths include:

- The MOUs for culturally competent, family-centered and child focused services;;
- The continued interest in the well-being of children as evidenced in the participation in the CWS Redesign Steering Committee;
- Collaboration of specific staff with the Native American organizations and community.

Identified areas of need include:

- Improving collaboration and communication amongst providers to avoid duplication of services.

**(v) Staff/Provider Training**

This systemic factor assesses how the County trains and develops the skills of its child welfare services staff and providers.

Identified strengths include:

- A combined training unit that provides one-on-one training reinforcement for transfer of learning.
- Coordination with the Central California Training Academy to support the goals and objectives for each new social worker.
- Foster parent and adoptive parent training programs.

Areas for improvement include:

- Introduction of family unity concept to community partners.
- Training for community partners in CWS Risk Assessment process.

**B. Agency Collaboration**

This systemic factor evaluates how CWS collaborates with other public and private entities that provide child welfare services. One strength identified under this systematic factor was the number and diversity of collaborations with services providers, for example, the recent development with the Mexican Consulate office to work on behalf of undocumented foster children.

**(a) Section IV. Countywide Prevention Activities**

In addition to the existing pool of service providers identified, the CWS Division has also continued to nurture prevention services by utilizing the Agency's Family Care Division. The work of the Family Care Division is preventive in nature and is designed to keep families from entering the dependency system, if at all possible.

The Family Care Division provides an extension of case management that is provided by CWS social workers. By assisting the CWS worker as the eyes and ears observer, Family Care can provide the social workers with up-to-date information on clients, freeing up CWS workers so they can focus on critical and complex cases. Family Care is comprised of a multi-disciplinary team of staff providing unique and coordinated services to meet family needs. This team includes an AOD Specialist, Mental Health Clinicians, Nurses, Mental Health Case Managers, and social services workers.

The Family Care Division can provide outpatient AOD Services directly or through the Placement and Orientation Unit of the Agency, which coordinates intensive AOD

services, including Intensive Outpatient, Methadone, Perinatal Outpatient, Residential, and Perinatal Residential treatment

**(b) Areas for Further Exploration through the  
Peer Quality Case Review**

The Peer Quality Case review will serve to further explore the County's performance on the outcome indicators. Tulare County currently has a system of internally monitoring performance in a number of compliance areas. These reviews are based on an older system of State reviews that evolved into the Outcomes & Accountabilities System, which is more focused on outcome measures. In November of 2003, the State excused the County from having to submit quarterly reports under the "compliance-driven" system of case reviews.

Under the redesigned system of outcomes and accountability, Tulare County will be required to partner with staff from another County under a system of Peer Quality Case Reviews (PQCR). Tulare County anticipates being invited to training on the implementation of the new review system soon.

**Plan for System Improvement Plan (SIP)**

The CWS Redesign Committee continues to meet and discuss the County's performance in the outcome indicators and methods for improving performance in the identified areas of need under each outcome and systemic factor. In the upcoming month, the Committee will meet to prioritize outcomes and systemic factors it would like addressed in the County's first SIP. The SIP will become the County's roadmap for reforming the child welfare services system and is the next step in the evolving Redesign process that is envisioned to be a three-year cyclical process leading to continued program improvement.

<b>Systemic Factor:</b> Improve Management Information System					
<b>County's Current Performance:</b> Tulare County has continued to build timeliness and accuracy into the M there continues to be areas where the system can be improved to more accurately reflect the efforts of staff					
Improvement Goal 1.0: All essential data is inputted at the necessary times					
<b>Strategy 1. 1:</b> Establish “continuing education” style training for staff			<b>Strategy Rationale<sup>1</sup>:</b> Staff will be skills for data entry.		
Milestone	1.1.1: Units and teams will be evaluated on input as identified by CWS/CMS and CAD IQ consistency		Timeframe	1 month start date, monthly afterwards	Assigned to
	1.1.2: Training needs identified and courses designed as needed, based on specific assessment of individual's needs			4 months start date, quarterly afterwards	
	1.1.3: Additional training formats/resources offered to reinforce correct data entry and timeliness			3 months	
<b>Strategy 1. 2:</b> Update and expand data collection policies, procedures, and program memoranda for all CWS functions			<b>Strategy Rationale:</b> A complex o occasional system changes make data navigation. Social work staff requirements are so burdensome family case management time.		
Milestone	1.2.1. Review existing guidelines for functionality		Timeframe	Quarterly	Assigned to
	1.2.2 Develop and enhance existing quality assurance and monitoring capabilities			4 months	
<b>Improvement Goal 2.0:</b> Develop an enhanced data collection system for the Probation Department in ord making.					
<b>Strategy 2.1:</b> Determine the required data essential for Probation Department staff to make informed management decisions			<b>Strategy Rationale:</b> Probation c automated system. Most repor records. Accurate, current, and management information system best, informed decisions.		

<sup>1</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

Milestone	2.1.1: Reporting needs identified	Timeframe	2 months	Assigned to
	2.1.2: Management needs identified		2 months	
	2.1.3: Develop and enhance existing quality assurance and monitoring capabilities. Prepare an APD for submission to State requesting approval and funding. Data input design developed		4 months	
Strategy 2. 2: Search for best alternatives.			Strategy Rationale: A system ma needs described. Purchasing and option. The viability of Probation u explored as one possible alternativ	
Milestone	2.2.1: Ask other Probation Departments units	Timeframe	3 months	Assigned to
	2.2.2: Review top recommendations		9 months	
	2.2.3: Make recommendations and seek approval		9 months	
Discuss changes in identified systemic factors needed to further support the improvement goals. This is a systemic factor.				
Describe educational/training needs (including technical assistance) to achieve the improvement g more easily accomplished by inclusion of Probation into the CWS/CMS. If this is not possible, the addition allocated to Probation for creation of a stand-alone reporting system. Regardless of the system Probation increased training remains, which may require additional Title IV-E monies to be allocated.				
Identify roles of the other partners in achieving the improvement goals. This is a County matter and concerns only CWS and some specific Probation Department activities.				
Identify any regulatory or statutory changes needed to support the accomplishment of the improve Discuss how qualitative measures compare to CWS/CMS, which was developed to support Division 31 qua				



<b>Systemic Factor:</b> Improve service array				
<b>County's Current Performance:</b> During the County Self-Assessment process we learned that many staff see the existing service array as a barrier to success. Some areas of concern were public transportation, language services, limited funding, alcohol and drug addiction treatment, health services case management, mental health services, and other services.				
<b>Improvement Goal 1.0:</b> Create service matrix to improve collaboration, communication, and linkages between providers, and the County.				
<b>Strategy 1.1:</b> Identify existing services by geographical CWS Unit designation			<b>Strategy Rationale<sup>2</sup>:</b> For improvement, we need to develop a plan in a priority ranking. Each year we will identify specific services successfully, rather than just existing services.	
Milestone	1.1.1: Discovery: List and describe existing services by CWS Unit	Timeframe	2 months	Assigned to
	1.1.2: Define target populations for each service by criteria		4 months	
	1.1.3: Compile data in tabular format		5 months	
II. <b>Strategy 1. 2:</b> The Service Array Matrix document will be produced for use by all community partners in linking clients to needed services.			III. <b>Strategy Rationale:</b> We identified collaboration among community partners as an area in need of improvement. These partnerships are essential to the success of the Service Array Matrix. This is a dynamic roadmap to success for our partners.	
Milestone	1.2.1: Review of currently available services data table created in strategy 1.1	Timeframe	2 months	Assigned to
	1.2.2: Evaluate gaps in service linkages		5 months	
	1.2.3: Explore options for filling gaps in service linkages		6 months	
<b>Strategy 1. 3:</b> Implementation of Service Array Matrix			<b>Strategy Rationale:</b> We will conduct surveys of community partners (see survey questions in Appendix B) to identify their needs and preferences.	

<sup>2</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

				effectiveness of the Matrix and how the community.	
Milestone	1.3.1: Develop appropriate survey questions	Timeframe	4 months		Assigned to
	1.3.2: Distribute pre-implementation survey and tabulate results		5 months		
	1.3.3: Distribute post-implementation survey at regular intervals, and tabulate results		9 months		
	1.3.4: Evaluate results for necessary Matrix revision		10 months		
<b>Improvement Goal 2.0:</b> Conduct a series of collaborative workshops between community partners to improve duplication of services.					
<b>Strategy 2.1:</b> Introduction of family unity concept to community partners (service providers)				<b>Strategy Rationale:</b> This is a process that helps community partners understand how to prevent and service roles.	
Milestone	2.1.1: Schedule community partner presentations and develop curriculum	Timeframe	2 months		Assigned to
	2.1.2: Coordinate presentations; provide materials, location, and facilitation		3 months		
	2.1.3: Evaluate and monitor presentation results for effectiveness		6 months		
<b>Strategy 2. 2:</b> Training for community partners in CWS Risk Assessment process				<b>Strategy Rationale:</b> As community partners learn the Risk Process, they can use that knowledge to provide appropriate service.	
Mile-stone	2.2.1: Schedule community partner presentations and develop curriculum	Time frame	2 months		Assigned to
	2.2.2: Coordinate presentations, and provide materials, location, and facilitation		3 months		
	2.2.3: Evaluate and monitor presentation results for effectiveness		7 months		
<b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> This portion of the SIP addresses changes and improvements to the systemic factor “Service Array”.					
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> We invite our community partners to share their knowledge and experience in this endeavor.					
<b>Identify roles of the other partners in achieving the improvement goals.</b>					

All providers of services to CWS clients are considered community partners. Their participation is encouraged.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement.**  
None.

<b>Outcome Factor:</b> Reduce the number of foster care placements (3 B Fed & 3 C entry cohort)				
<b>County's Current Performance:</b> During the self-assessment process, this Outcome measure for Tulare County is 62% for the measure and 62% for the entry cohort.				
<b>Improvement Goal 1.0:</b> Increase the number and type of resource families (foster, kin, adoptive, respite, etc.). Offer an improved continuum of placement facilities.				
Strategy 1. 1: Recruit more foster caregivers, especially in areas where CWS receives a large number of referrals.			<b>Strategy Rationale<sup>3</sup>:</b> More foster care, best, stable placements.	
Milestone	1.1.1: Explore incentives for referrals from existing foster caregivers who actively recruit other caregivers.	Timeframe	2 months	Assigned to
	1.1.2: Develop a major advertising campaign including radio and television		4 months	
	1.1.3: Present to community groups, events, faith-based organizations, and support groups		Starts in 1 month, then weekly	
<b>Strategy 1. 2:</b> Retain more foster caregivers/resource families			<b>Strategy Rationale:</b> With the loss of foster care, Tulare County is impacted by fewer stable placements.	
Milestone	1.2.1: Engage caregivers to understand the needs of foster children	Timeframe	2 months	Assigned to
	1.2.2: Assign specific staff as liaisons		2 months	
	1.2.3: Consider other support resources		4 months	
Milestone	1.3.1: Hold focus groups for feedback on current curriculum and needed enhancements	Timeframe	2 months	Assigned to
	1.3.2: Survey caregivers for list of priorities and potential course schedules		3 months	
	1.3.3: Schedule and offer training		4 months and forward	
<b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> View foster caregivers and resource families as a critical link to improving services for children and families				

<sup>3</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.**  
Relative and other caregivers need the same level of education and training as traditional foster parents.

**Identify roles of the other partners in achieving the improvement goals.**  
Other training structures, such as the community college, must accept the challenge to meet the larger training needs.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.**  
Advocate for changes necessary to best support caregivers and resource families.

<b>Outcome Factor:</b> Improve the frequency of child contacts (Timely social worker visits – 2C)				
<b>County’s Current Performance:</b> The County Self-Assessment identified areas of need to include improve County average was about 71%, compared with the State average of 72.5% in the self-assessment time period. The county will use self-generated tracking data, outside of CWS/CMS, and will therefore just measure improvement.				
<b>Improvement Goal 1.0:</b> Improve the accuracy and timeliness of data input on child contacts				
<b>Strategy 1.1:</b> Training and support for staff			<b>Strategy Rationale<sup>4</sup>:</b> Data entry and accuracy	
Milestone	1.1.1: Stress to social workers and probation officers the value of contacts	Timeframe	1 month	Assigned to
	1.1.2: Include Family Care staff in training		1 month	
	1.1.3: Develop curriculum and offer trainings		6 months	
<b>Strategy 1.2:</b> Specify supervisory staff at each location to verify data entry and accuracy			<b>Strategy Rationale:</b> Until the data entry is accurate, it will improve communication and monitoring.	
Milestone	1.2.1: Designate one person at each office to review and monitor.	Timeframe	1 month	Assigned to
	1.2.2: Modify templates and create user tools to improve data accuracy		3 months	
	1.2.3: Determine reporting method and timing		4 months	
<b>Strategy 1.3:</b> Implement, monitor, and improve again, as needed.			<b>Strategy Rationale:</b> As described in the plan, careful monitoring and scheduled improvement.	
Milestone	1.3.1: Supervisory oversight	Timeframe	Ongoing	Assigned to
	1.3.2: Review performance and share successful processes with a peer work group.		Quarterly, after implementation	

<sup>4</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

	1.3.3: Retrain as necessary		As needed	
<b>A. Improvement Goal 2.0: Social worker and probation officer education, and significance of timely child contacts</b>				
<b>Strategy 2.1:</b> Hold special workshop meetings on all aspects of contacts, including contacts with family and foster parents			<b>Strategy Rationale:</b> Reinforce the importance the County has placed	
Milestone	2.1.1: Conduct workshop series and select speakers to include Division Manager and Chief Probation Officer	Timeframe	1 month	Assigned to
	2.1.2: Prepare handout materials and tools		2 months	
	2.1.3: Evaluate “transfer of learning”		4 months	
<b>Strategy 2.2:</b> Develop strategy to reward outstanding team performance.			<b>Strategy Rationale:</b> Social work is demanding. With this increase in demand, staff must be supported and rewarded.	
Milestone	2.2.1: Identify and communicate both Standards and Expectations	Timeframe	1 month	Assigned to
	2.2.2: Support improved performance		2 months	
	2.2.3: Provide on-going feedback to staff		Once a month, commencing on 12/01/04, in both written and oral format	
<b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> The topic of quality contacts needs further discussion. Improving this template’s factor helps the quantified outcome, the quality of the contacts. Additional contacts should occur with the parents and the foster parents to support the case. Continued conversation will explore how the County should address improving the quality of client contacts.				
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Department staff on the requirements of Division 31, including contacts. The intention at this time is to “piggyback” on order to fulfill the training needs of Probation.				
<b>Identify roles of the other partners in achieving the improvement goals.</b> <b>Family Care’s role is in direct support of CWS case management and mission. Improvement in the quality of contacts will help significantly to further this collaboration.</b> Probation has a dual role in CWS support and the law enforcement part of their mission.				
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b>				

**Issues/laws regarding client/patient confidentiality need to be simplified and streamlined to allow for better access to information to help us better serve children. The State should also support funding Probation Dep**



<b>Systemic Factor:</b> The County has no formal receiving home structure. The concept is that a receiving home would improve outcomes for children in need of protection.				
<b>County's Current Performance:</b> The goal of Tulare County continues to be procuring the best placement for children. Through the Self-Assessment process we learned that many community partners feel that a receiving home would enhance the ability to serve children and families better at the front end of the foster care continuum.				
<b>Improvement Goal 1.0:</b> Develop a better continuum of intake and assessment prior to placement				
<b>Strategy 1. 1:</b> Complete a feasibility study of a receiving home			<b>Strategy Rationale<sup>5</sup>:</b> There currently is no formal intake and assessment of children entering the foster care system. Some initial placements are made without a receiving home. If a receiving home proves to be feasible, more placements would result.	
Milestone	1.1.1: Decide – what is population to serve; how is a facility licensed; who will operate it; how long are children in placement?	Timeframe	3 months	Assigned to
	1.1.2: Visit receiving homes in other locations		6 months	
	1.1.3: Determine community partners' support		6 months	
<b>Strategy 1. 2:</b> Propose options to Agency management			<b>Strategy Rationale:</b> Should the feasibility study be completed, many details must be discussed and decisions made.	
Milestone	1.2.1: Recommend funding sources and cost-benefits	Timeframe	8 months	Assigned to
	1.2.2: Recommend staffing options		9 months	
	1.2.3: Recommend facilities choices		10 months	
<b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> This is a systemic factor.				
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Training for a new set of staff skills would be needed should a receiving home prove feasible.				
<b>Identify roles of the other partners in achieving the improvement goals.</b> Community partners will provide feedback regarding the feasibility study.				

<sup>5</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor